

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-007525

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 29

AMENDED

FILED FEB 28 1962

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Los Angeles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Roberts		c. CITY OR TOWN Buena Park	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HW 66 1/2 mi East of Spur 66		d. STREET ADDRESS (If outside, give location) 8001 Franklin Street	

3. NAME OF DECEASED (Type or print) First CHARLES Middle HERMAN Last WILLIAMS			4. DATE OF DEATH Month February Day 17 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3 Nov 1939	9. AGE (last birthday) 22	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army		11. BIRTHPLACE (City and state or country) Carthage, Missouri	
13a. FATHER'S NAME Raymond R. Williams		13b. MOTHER'S MAIDEN NAME Mildred R. (Unknown)		14. NAME OF HUSBAND OR WIFE NA	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 24 Oct 61 to date		16. SOCIAL SECURITY NO. _____		17. INFORMANT Raymond R. Williams Buena Park, Calif.	
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractures of Skull, Multiple DUE TO (b) Automobile Accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Laceration of Liver and Extensive Lacerations small bowel mesentery		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile struck tree on curve on HW 66 1/2 mile	
20c. TIME OF INJURY 9:00	Hour 3:00 p.m. Month, Day, Year 2-17-62	East of Spur 66 near St. Roberts, Missouri	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION St. Roberts	COUNTY Pulaski STATE Missouri

21. I attended the deceased 17 February 1962 and last saw him alive on never	
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22a. SIGNATURE John B. McMaster (Deceased's name) JOHN B. MC MASTER, Captain, MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	22c. DATE SIGNED 2-19-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/22/1962	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage Missouri
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24. FUNERAL DIRECTOR Knell Funeral Home Carthage Missouri	25. DATE RECD. BY LOCAL REG. 2-20-62	26. REGISTRAR'S SIGNATURE Paula J. Anderson
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Clarence F. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.